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Bib Data Sheet

CONFIRMATION NO. 4426

SERIAL NUMBER 09/184,600	FILING DATE 11/02/1998 RULE	CLASS 463	GROUP ART UNIT 3713	ATTORNEY DOCKET NO. STD-1716	
APPLICANTS DAVID H. SITRICK, HIGHLAND PARK, IL;					
** CONTINUING DATA ***** THIS APPLICATION IS A CON OF 08/645,678 05/14/1996 PAT 5,830,065 WHICH IS A CIP OF 07/887,715 05/22/1992 PAT 5,553,864					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 11/16/1998					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY IL	SHEET\$ DRAWING 23	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 9
ADDRESS DAVID H. SITRICK SITRICK & SITRICK 8340 N. LINCOLN AVENUE STE. 201 SKOKIE, IL 60077					
TITLE USER IMAGE INTEGRATION AND TRACKING FOR AN AUDIOVISUAL PRESENTATION SYSTEM AND METHODOLOGY					
FILING FEE RECEIVED 2097	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER 09/184,600	FILING DATE 11/02/98	CLASS 463	GROUP ART UNIT 3711	ATTORNEY DOCKET NO. STD-1716
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APPLICANT

DAVID H. SITRICK, HIGHLAND PARK, IL.

****CONTINUING DOMESTIC DATA*******

VERIFIED THIS APPLN IS A ^{CIP} ~~PAT~~ OF 08/645,678 05/14/96 PAT 5,830,065
WHICH IS A CIP OF 07/887,715 05/22/92 PAT 5,553,864

MAS

****371 (NAT'L STAGE) DATA*******

VERIFIED

MAS

NONE

****FOREIGN APPLICATIONS*******

VERIFIED

MAS

NONE

FOREIGN FILING LICENSE GRANTED 11/16/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IL	SHEETS DRAWING 23	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 9
Verified and Acknowledged <u>MAS</u> Examiner's Initials _____		Initials _____			

ADDRESS

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USER IMAGE INTEGRATION AND TRACKING FOR AN AUDIOVISUAL PRESENTATION
SYSTEM AND METHODOLOGY

FILING FEE RECEIVED \$1,656	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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